

IN THE UNITED STATES PATENT AND TRADEMARK OFFICEApplicant(s): David J. Pinsky, et al.Serial No. : 10/679,135 Examiner: John PakFiled : October 3, 2003 Group Art Unit: 1616For : A Method for Treating Ischemic Disorder Using Carbon Monoxide

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: September 26, 2007

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	14 -	* 43 =	*** 0 X	\$25	\$50	=		0
Independent Claims	1 -	** 10 =	*** 0 X	\$100	\$200	=		0
Multiple Dependent Claim(s) Presented For First Time _____ Yes <u>X</u> No				\$180	\$360	=		0
				TOTAL ADDITIONAL FEE			\$ 0.00	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Applicant(s): David J. Pinsky, et al.
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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter
☒ Return Receipt Postcard
☒ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☒ No ☐
and a fee of \$ 180.00 included)
☒ A Petition for an Extension of Time, including a fee of
\$ 1,020.00 for a Petition for 3 Month(s) Extension of Time
☒ Other (identify): Copy of Filing Receipt
Substitute Form PTO-1449

THE TOTAL FEE DUE IS \$ 1,200.00.

☒ A check in the amount of \$ 1,200.00 is enclosed.
Please charge Deposit Account No. _____ in the amount of
\$ _____.

☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

☒ Fees under 37 C.F.R. §1.16 for the presentation of extra claims
Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
sufficient postage as first class mail
in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.
John P. White 9/26/07
John P. White Date
Reg. No. 28,678

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